Image# 27931651857

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	Uni	Office use only												
1. NAME OF COMMITTEE (in	full) (Che	ck if name anged)	Example: If typying, type over the lines	12FE4M5										
PROGRESSIV	E γοτε ΑΚΑ PROGRI	EŞSIVE DEMO	CRATS OF AMERICA		1									
1														
ADDRESS (number and s	PO Box 1	50064												
X (Check if address is changed)	Grand Ra	pids		MI 49515 -	 									
		CI	TY▲	STATE▲ ZIP COI	DE 📥									
COMMITTEE'S E-MAI														
COMMITTEE'S WEB	PAGE ADDRESS (URL)													
www.pdameri	ca.org		<u> </u>											
		1111												
COMMITTEE'S FAX N	IUMBER													
2. DATE <b>M</b> M M	/ D D / Y Y 13	° 7												
3. FEC IDENTIFICA	TION NUMBER	C	C00402800	]										
4. IS THIS STATEM	ENT NEW (N)	OR	X AMENDED (A)											
I certify that I have exami	ned this Statement and to the	best of my knowled	dge and belief it is true, correct an	d complete										
Type or Print Name of	Treasurer <b>Steph</b>	en Shaff												
Signature of Treasurer	Electronically Filed by	Stephen Sha	ff	Date 12 / 13 /	<sup>Y</sup> 2007									
NOTE: Submission of fal	·	-	bject the person signing this State	ement to the penalties of 2 U.S.C. S4	37g.									
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530											

	FEOForm 1	(Revised 02/2003)	Page 2
5.	TYPE OF COMMIT	TEE (Check One)	
	(a) This	s committee is a principal campaign committee. (Complete the candidate information below.)	
	( /	s committee is an authorized committee, and is NOT a principal campaign committee. (Complete the principal below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c) This	committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) This	(National, State committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e) This	committee is a separate segregated fund	
		committee supports/opposes more than one Federal candidate, and is NOT a separate segregated mittee.	I fund or party
6.	Name of Any Con	nected Organization or Affiliated Committee	
L			
	Mailing Address		
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Connected	Organization:	
	Corporation	Corporation w/o Capital Stock Labor Organiz	zation
	Membersh	nip Organization Trade Association Cooperative	

Page 3

Write or Type Committee Name

DDACDECCIVE VATE	AKA PROGRESSIVE		
アドレバタドラショット メイノリ	ANA PRUMBESSIVE	DEMOVED 19 OF	AIVIERIL.A

		MERICA	
	Identify by name, address, (phone number ottee books and records.	optional), and position of t	he person in
Full Name Kin	iberly Buchan		
Mailing Address	3037 Crisfield Dr. NE		
	Grand Rapids		49525
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Admin	. Coordinator	Felephone number	
name and address of	me and address (phone number optional) of any designated agent (e.g., assistant treasurer	the treasurer of the comm).	nittee; and the
Mailing Address	3605 Perry St.		
	Mt. Rainier		20712
Title or Position ♥	CITY A	STATE	ZIP CODE
Treasu	rer	Telephone number 301	442 4232
Full Name of Designated Agent			
Designated			
Designated Agent	CITY A		

_	FEC Form 1 (Revised 02/2003)																		Page 4																				
9.	Banks or Other I							l ba	nks	s or	oth	ner	de	pos	sito	ries	in	wh	iich	the	e co	omr	nitt	ee d	dep	osi	ts f	unc	ls,	holo	ds	acc	our	ıts,	rer	nts			
Name of Bank, Depository, etc.																																							
					Ш																												L		L		L		
	Mailing Address					ı							1						1		1	1		1		1					ı		1		1	1	1	1	, 1
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